

PTO/SB/21 (08-03)

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| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/723,730 | |
| | Filing Date | 11/25/2003 | |
| | First Named Inventor | Jean-Marie H. Larcheveque | |
| | Group Art Unit | 2173 | |
| | Examiner Name | | |
| Total Number of Pages in This Submission | | Attorney Docket Number | MS1-1698US |

ENCLOSURES (check all that apply)

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| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to Group |
| <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
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| <input checked="" type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Certified Copy of Priority Documents | <input type="checkbox"/> Request for Refund | PTO-1449, reference copy (1), return receipt postcard |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | <input type="checkbox"/> CD, Number of CD(s) | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | Remarks | |

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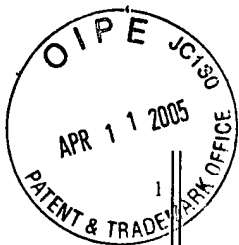
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| Firm or Individual Name | Michael K. Colby/Reg. No. 45816 |
| Signature | <i>Michael K. Colby</i> |
| Date | 6 APR 05 |

CERTIFICATE OF TRANSMISSION/MAILING

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| Typed or printed name | Julianne Gehlen |
| Signature | <i>Julianne Gehlen</i> |
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application Serial No. 10/723,730
Filing Date 11/25/2003
Confirmation No. 9805
Inventorship Jean-Marie H. Larcheveque
Applicant Microsoft Corporation
Group Art Unit 2173
Examiner
Attorney's Docket No. MS1-1698US
Title: Validation of XML Data Files

INFORMATION DISCLOSURE STATEMENT

References -- See Attached Form PTO-1449

To: Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

From: Michael K. Colby (Tel. 509-324-9256; Fax 509-323-8979)
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The attached form PTO-1449 is submitted in compliance with Applicant's duty of disclosure under 37 CFR §1.56. The Examiner is requested to make these citations of official record in this application.

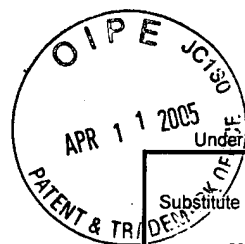
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Dated: 6 APR 05

By: Michael K. Colby
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Reg. No. 45816

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FC:1806 180.00 DA



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| INFORMATION DISCLOSURE STATEMENT BY APPLICANT (use as many sheets as necessary) | | Complete if Known | |
| | | Application Number | 10/723,730 |
| | | Filing Date | 11/25/2003 |
| | | First Named Inventor | Larcheveque |
| | | Art Unit | 2173 |
| Sheet 1 of 2 | Examiner Name | | |
| | | Attorney Docket Number | MS1-1698US |

| U.S. PATENT DOCUMENTS | | | | | | |
|-----------------------|--------------------------|--|--|--------------------------------|--|---|
| Examiner Initials' | Cite No. ¹ | Document Number | | Publication Date MM-DD-YYYY | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear |
| | | Number-Kind Code ² (if known) | | | | |
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| FOREIGN PATENT DOCUMENTS | | | | | | | |
|-----------------------------------|--------------------------|---|--|--------------------------------|--|---|----------------|
| Examiner Initials ¹ | Cite No. ¹ | Foreign Patent Document | | Publication Date MM-DD-YYYY | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear | T ⁶ |
| | | Country Code ³ –Number ⁴ –Kind Code ⁵ (if known) | | | | | |
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